

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595820

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	1						54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		2					61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	14						TOTAL CLAIMS						